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TITLE: Using Data from the Supplement to HIV/AIDS Surveillance (SHAS) Project in Georgia for Program Design and Review

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ISSUE: Describing populations affected by the HIV epidemic helps prioritize and efficiently use human and fiscal resources for disease control and prevention purposes. Data from standard surveillance databases and short-term projects are often limited in their scope and usefulness.

SETTING: Three HIV/AIDS care facilities in Georgia, including a major publicly funded clinic in Atlanta (AIDS case interviewing only). Two rural health districts participated during 1995 and 1996 (both HIV and AIDS case interviewing)

PROJECT: The Centers for Disease Control and Prevention (CDC) and participating state health departments collaboratively began designing the Supplement to HIV/AIDS Surveillance (SHAS) questionnaire in 1989 to collect relevant behavioral and epidemiologic data. Since 1990, results have been used at the local, state, and national levels in the areas of patient demographics, drug use, sexual behavior, and health care use and service access by persons with HIV/AIDS.

RESULTS: With a project coordinator, data entry specialist, and primarily one full-time interviewer per site, this facility-based program has interviewed 48.7% (2460/5044) of persons medically able to complete the 45 minute in-person interview; 10.4% (526/5044) have refused. Total project costs per interview are inexpensive for this type of in-depth interview. Georgia's Statewide HIV Prevention Community Planning Council (GSHPCPC) has used SHAS data in the community planning process. SHAS data has also been used to support Ryan White, federal and other HIV/AIDS continuum of care funding and ancillary service requests by participating sites. SHAS results have been used for updating AIDS case surveillance data, data requests, annual reports, conference abstracts, national publications, national planning purposes and for monitoring behavioral characteristics of patients over time.

LESSONS LEARNED: Funding sources often require documentation of highly specific population needs. SHAS provides survey-based data not otherwise available from a representative sample of people with HIV/AIDS at a reasonable cost (funding standard) per interview. SHAS has been used by the GSHPCPC, whose goals and processes include targeting HIV-related interventions and setting service priorities.

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